## ATTACHMENT 12 CONTRACTOR and RESELLER INFORMATION

(for ordering and contract administration purposes)

| CONTRACTOR/COMPANY INFORMATION    |                                                 |
|-----------------------------------|-------------------------------------------------|
| Company Name:                     | DACO Limited Partnership D/B/A Dauphin and Valo |
| Address (from first page of bid): | 100 Fulton Street Boonton NJ 07005              |
| Company Website:                  | www.dauphin.com www.valofurniture.com           |
| Federal ID #:                     | 22-3258679                                      |
| NYS Vendor ID #:                  | 1000008829                                      |
| Contract Administrator Name:      | Gary D. Chin                                    |
| Title:                            | President                                       |
| Email:                            | gchin@dauphin.com                               |
| Phone:                            | 973-263-1100                                    |
| Toll Free Phone:                  | 800-631-1186                                    |

| SALES/BILLING (if different from above) |               |
|-----------------------------------------|---------------|
| Contact Name:                           | same as above |
| Title:                                  |               |
| Address:                                |               |
| Email:                                  |               |
| Phone:                                  |               |
| Toll Free Phone:                        |               |

| EMERGENCIES   |                                    |
|---------------|------------------------------------|
| Contact Name: | Gary D. Chin                       |
| Title:        | President                          |
| Address:      | 100 Fulton Street Boonton NJ 07005 |
| Email:        | gchin@dauphin.com                  |
| Phone:        | 800-631-1186                       |
| Cell Phone:   | 908-230-0065                       |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Empire Office                                    |
| Address:                                           | 105 Madison Avenue New York NY10016              |
| Federal ID #:                                      | 13-1945763                                       |
| NYS Vendor ID #:                                   | 1100013749                                       |
| Contact Name:                                      | Ervin Roberson                                   |
| Title:                                             | V.P. Govt Sales Education Healthcare             |
| Email:                                             | eroberson@empireoffice.com                       |
| Hours of Availability:                             | 8:00 – 5:00 pm Monday - Friday                   |
| Phone:                                             | 212-607-5677                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| Company Name:                                      | WB Wood of NYC LLC                                 |
| Address:                                           | 225 Park Avenue South Suite: 201 New York NY 10003 |
| Federal ID #:                                      | 20-2218703                                         |
| NYS Vendor ID #:                                   | 1000008585                                         |
| Contact Name:                                      | Frank LaCapra                                      |
| Title:                                             | Chief Operating Officer                            |
| Email:                                             | Flacapra@wbwood.com                                |
| Hours of Availability:                             | 8:00 – 5:00 pm Monday - Friday                     |
| Phone:                                             | 212-647-6200                                       |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified        |
|                                                    | Minority Owned □ SDVOB                             |
| SBE:                                               | NYS Small Business Enterprise (self-identified)    |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment      |
| Restrictions Applicable to this Reseller (if any): |                                                    |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | VRD Contracting Inc.                             |
| Address:                                           | 25 Andrea Road Holbrook NY 11741                 |
| Federal ID #:                                      | 11-3241167                                       |
| NYS Vendor ID #:                                   | 1100058559                                       |
| Contact Name:                                      | Diana Frerking                                   |
| Title:                                             | Manager Sales Administration                     |
| Email:                                             | diana@vrdcontracting.com                         |
| Hours of Availability:                             | 8am - 5pm Monday - Friday                        |
| Phone:                                             | 631-956-7000                                     |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Lane Office Furniture Inc.                       |
| Address:                                           | 256 West 38th Street 5th Floor New York NY 10018 |
| Federal ID #:                                      | 13-3680228                                       |
| NYS Vendor ID #:                                   | 1000006437                                       |
| Contact Name:                                      | Daniel Hickey                                    |
| Title:                                             | President                                        |
| Email:                                             | dh@laneoffice.com                                |
| Hours of Availability:                             | M-F 9 - 5 PM                                     |
| Phone:                                             | 212.233.4100                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                   |
|----------------------------------------------------|---------------------------------------------------|
| Company Name:                                      | Benhar Office Interiors LLC                       |
| Address:                                           | 148 West 37th Street 12th Floor New York NY 10018 |
| Federal ID #:                                      | 20-0375182                                        |
| NYS Vendor ID #:                                   | 1100136908                                        |
| Contact Name:                                      | Robert Maurer                                     |
| Title:                                             | C00                                               |
| Email:                                             | bmaurer@benharoffice.com                          |
| Hours of Availability:                             | M-F 9 - 5 PM                                      |
| Phone:                                             | (212) 847-7420                                    |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified       |
|                                                    | Minority Owned □ SDVOB                            |
| SBE:                                               | □NYS Small Business Enterprise (self-identified)  |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment     |
| Restrictions Applicable to this Reseller (if any): |                                                   |

| RESELLER INFORMATION                               |                                                       |
|----------------------------------------------------|-------------------------------------------------------|
| Company Name:                                      | Arenson Office Furnishings Inc.                       |
| Address:                                           | 1115 Broadway 6 <sup>th</sup> Floor New York NY 10010 |
| Federal ID #:                                      | 13-3176355                                            |
| NYS Vendor ID #:                                   | 1000012985                                            |
| Contact Name:                                      | Debbie Singh                                          |
| Title:                                             | Accounts payable manager                              |
| Email:                                             | dsingh@aof.com                                        |
| Hours of Availability:                             | 9AM TO 5PM                                            |
| Phone:                                             | 212-991-4582                                          |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified           |
|                                                    | Minority Owned □ SDVOB                                |
| SBE:                                               | □NYS Small Business Enterprise (self-identified)      |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment         |
| Restrictions Applicable to this Reseller (if any): |                                                       |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Meadows Office Supply                            |
| Address:                                           | 885 Third Avenue 29th Floor New York NY 10022    |
| Federal ID #:                                      | 13-2583670                                       |
| NYS Vendor ID #:                                   | 1000012641                                       |
| Contact Name:                                      | Dina Radoncic                                    |
| Title:                                             | Executive Vice President                         |
| Email:                                             | dradoncic@meadowsoffice.com                      |
| Hours of Availability:                             | 9-5                                              |
| Phone:                                             | 212.741.0333                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐            |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | EvensonBest                                      |
| Address:                                           | 641 Avenue of the Americas New York NY 10011     |
| Federal ID #:                                      | 13-3917122                                       |
| NYS Vendor ID #:                                   | 1000006496                                       |
| Contact Name:                                      | Don Papaleo                                      |
| Title:                                             | Human Resources Director                         |
| Email:                                             | dpapaleo@evensonbest.com                         |
| Hours of Availability:                             | 9am- 5pm                                         |
| Phone:                                             | (212)549-8004                                    |
| MWBE and/or SDVOB Certification: No                | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE: No                                            | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Office Resources Inc.                            |
| Address: 36                                        | 1501 Broadway New York NY 10036                  |
| Federal ID #:                                      | 36-4307675                                       |
| NYS Vendor ID #:                                   | 1100084733                                       |
| Contact Name:                                      | Taylor Chung                                     |
| Title: Senior                                      | Account Exec.                                    |
| Email:                                             | taylorchung@ori.com                              |
| Hours of Availability :                            | 9am – 5pm                                        |
| Phone:                                             | (646)731-6948                                    |
| MWBE and/or SDVOB Certification: No                | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE: No                                            | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | AFD Contract Furniture Inc.                      |
| Address:                                           | 810 7 <sup>th</sup> Avenue NY 10019              |
| Federal ID #:                                      | 13-3032681                                       |
| NYS Vendor ID #:                                   | 1000026390                                       |
| Contact Name:                                      | Josh Knopf                                       |
| Title:                                             | Controller                                       |
| Email:                                             | jknopf@afd-inc.com                               |
| Hours of Availability:                             | 9am – 5pm                                        |
| Phone:                                             | (212) 721-7100                                   |
| MWBE and/or SDVOB Certification: No                | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE: No                                            | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Waldner's Business Environments Inc.             |
| Address:                                           | 125 Route 110 Farmingdale NY 11735               |
| Federal ID #:                                      | 11-1554704                                       |
| NYS Vendor ID #:                                   | 1000023854                                       |
| Contact Name:                                      | Susan Kennedy                                    |
| Title:                                             | Executive Assistant                              |
| Email:                                             | skennedy@waldners.com                            |
| Hours of Availability:                             | 8:30am – 4:30pm                                  |
| Phone:                                             | (631)844-9348                                    |
| MWBE and/or SDVOB Certification: WBE               |                                                  |
|                                                    | Minority Owned □ SDVOB                           |
| SBE: SBE                                           | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ x Receive Payment  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | The Atlantic Group FPPM Inc.                     |
| Address:                                           | 45 W 45th Street 11th Floor New York NY 10036    |
| Federal ID #:                                      | 11-3290215                                       |
| NYS Vendor ID #:                                   | 1100216530                                       |
| Contact Name:                                      | David Spannaus                                   |
| Title:                                             | CEO                                              |
| Email:                                             | dspannaus@atlanticgroupct.com                    |
| Hours of Availability:                             | M-F 9am-6pm                                      |
| Phone:                                             | 212-977-6688 office / 646-483-9090 cell          |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
| NO                                                 | Minority Owned □ SDVOB                           |
| SBE: No                                            | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | A C Desk Company                                 |
| Address:                                           | 249 Elm Place Mineola NY 11501                   |
| Federal ID #:                                      | 11-2927139                                       |
| NYS Vendor ID #:                                   | 1100108025                                       |
| Contact Name:                                      | Denise Ingerman                                  |
| Title:                                             | Office Manager                                   |
| Email:                                             | dringerman@acdeskonline.com                      |
| Hours of Availability:                             | 9am – 5 pm                                       |
| Phone:                                             | 516-741-7979                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Young Equipment Solutions                        |
| Address:                                           | 325 Robro Drive Hauppauge NY 11785               |
| Federal ID #:                                      | 11-2803327                                       |
| NYS Vendor ID #:                                   | 1000011915                                       |
| Contact Name:                                      | Victoria Kopejzna                                |
| Title:                                             | Sales & Operations Administrator                 |
| Email:                                             | victoria@youngequipment.com                      |
| Hours of Availability:                             | 9 am to 5 pm                                     |
| Phone:                                             | 631-582-5900                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |
| ·                                                  |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | The Workplace Group                              |
| Address:                                           | 4-B Aerial Way Syosset NY 11791                  |
| Federal ID #:                                      | 11-3373768                                       |
| NYS Vendor ID #:                                   | 1000051806                                       |
| Contact Name:                                      | Helen Orkin                                      |
| Title:                                             | Office Manager                                   |
| Email:                                             | horkin@theworkplacegroup.com                     |
| Hours of Availability:                             | 10 am – 5 pm                                     |
| Phone:                                             | 631-273-7500                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Indoff Inc.                                      |
| Address:                                           | PO Box 842808 Kansas City MO 64184               |
| Federal ID #:                                      | 43-0964848                                       |
| NYS Vendor ID #:                                   | 1000031793                                       |
| Contact Name:                                      | Gail Polivy                                      |
| Title:                                             | Principal                                        |
| Email:                                             | gail.polivy@indoff.com                           |
| Hours of Availability:                             | 9am – 5 pm                                       |
| Phone:                                             | 631-567-1072                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Office Furniture Warehouse Incorporated          |
| Address:                                           | 3108 Expressway Drive So Islandia NY 11749       |
| Federal ID #:                                      | 11-2729767                                       |
| NYS Vendor ID #:                                   | 1100017457                                       |
| Contact Name:                                      | Phyllis Chin                                     |
| Title:                                             | Project Manager                                  |
| Email:                                             | pchin@ofw.com                                    |
| Hours of Availability:                             | 10 am – 5 pm                                     |
| Phone:                                             | 631-582-5388                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment    |
| Restrictions Applicable to this Reseller (if any): |                                                  |
|                                                    |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Accent Commercial Furniture Inc.                 |
| Address:                                           | 3 Interstate Avenue                              |
| Federal ID #:                                      | 14-1620511                                       |
| NYS Vendor ID #:                                   | 1000006902                                       |
| Contact Name:                                      | Michael Gleasman                                 |
| Title:                                             | CEO                                              |
| Email:                                             | michaelg@accentny.com                            |
| Hours of Availability:                             | 9to5                                             |
| Phone:                                             | 518.482.4000                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Davies Office                                    |
| Address:                                           | 40 Loudonville Road Albany NY 12204              |
| Federal ID #:                                      | 14-1566162                                       |
| NYS Vendor ID #:                                   | 1000006837                                       |
| Contact Name:                                      | Derrick Byrd                                     |
| Title:                                             | National Sales Manager                           |
| Email:                                             | derrickbyrd@daviesoffice.com                     |
| Hours of Availability:                             | 9 to 5                                           |
| Phone:                                             | 518-449-2040                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☑Take orders ☑Ship Direct ☐ Receive Payment *    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | DRB Business Interiors Inc.                      |
| Address:                                           | 165 High Rock Avenue Saratoga Springs NY 12866   |
| Federal ID #:                                      | 26-4582111                                       |
| NYS Vendor ID #:                                   | 1100034163                                       |
| Contact Name:                                      | Dan Bullis                                       |
| Title:                                             | Owner                                            |
| Email:                                             | dbullis@drbbusinessinteriors.com                 |
| Hours of Availability:                             | 9 to 5                                           |
| Phone:                                             | 518-306-5233                                     |
| MWBE and/or SDVOB Certification:                   | NYS Certified Women Owned ☐ NYS Certified        |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | LLV Office Concepts                              |
| Address:                                           | 29 Church Street Saratoga Springs NY 12866       |
| Federal ID #:                                      | 27-0327635                                       |
| NYS Vendor ID #:                                   | 1100052899                                       |
| Contact Name:                                      | Tom Tambasco                                     |
| Title:                                             | Owner                                            |
| Email:                                             | tomt@llvoc.com                                   |
| Hours of Availability:                             | 9 to 5                                           |
| Phone:                                             | 518-587-0104                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                     |
|----------------------------------------------------|-----------------------------------------------------|
| Company Name:                                      | MMR Enterprises D/B/A Standard Commercial Interiors |
| Address:                                           | 107 Champlain Street                                |
| Federal ID #:                                      | 14-1755454                                          |
| NYS Vendor ID #:                                   | 1000027798                                          |
| Contact Name:                                      | Megan Lanzetta                                      |
| Title:                                             | Principle                                           |
| Email:                                             | mlanzetta@scireplay.com                             |
| Hours of Availability:                             | 9 to 5                                              |
| Phone:                                             | 518-433-0315                                        |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified         |
|                                                    | Minority Owned □ SDVOB                              |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified)    |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *     |
| Restrictions Applicable to this Reseller (if any): |                                                     |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | W.B. Mason Co. Inc.                              |
| Address:                                           | 29 Mill Street                                   |
| Federal ID #:                                      | 04-2455641                                       |
| NYS Vendor ID #:                                   | 1000011030                                       |
| Contact Name:                                      | Renee Murphy                                     |
| Title:                                             | Contract Furniture Manager                       |
| Email:                                             | Renee.murphy@wbmason.com                         |
| Hours of Availability:                             | 9 to 5                                           |
| Phone:                                             | 888-926-2766                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☑Take orders ☑Ship Direct ☐ Receive Payment *    |
| Restrictions Applicable to this Reseller (if any): |                                                  |
|                                                    |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | W.B. Mason Co. Inc.                              |
| Address:                                           | 22 Veterans Lane Plattsburgh NY 12901            |
| Federal ID #:                                      | 04-2455641                                       |
| NYS Vendor ID #:                                   | 1000011030                                       |
| Contact Name:                                      | Brenda Heywood                                   |
| Title:                                             | Furniture Trainer                                |
| Email:                                             | Brenda.Heywood@wbmason.com                       |
| Hours of Availability:                             | 9 to 5                                           |
| Phone:                                             | 888-926-2766                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | W.B. Mason Co. Inc.                              |
| Address:                                           | 12 Jeanne Drive Newburgh NY 112550               |
| Federal ID #:                                      | 04-2455641                                       |
| NYS Vendor ID #:                                   | 1000011030                                       |
| Contact Name:                                      | Josue Casildo                                    |
| Title:                                             | Furniture Manager                                |
| Email:                                             | Josue.casildo@wbmason.com                        |
| Hours of Availability:                             | 9 to 5                                           |
| Phone:                                             | 888-926-2766                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Interior Solutions of WNY LLC                    |
| Address:                                           | 472 Franklin Street Buffalo NY 14202             |
| Federal ID #:                                      | 11-3774585                                       |
| NYS Vendor ID #:                                   | 1100044729                                       |
| Contact Name:                                      | Jackie Flynn                                     |
| Title:                                             | Sr Project Manager                               |
| Email:                                             | jflynn@is-wny.com                                |
| Hours of Availability:                             | 7:30-4:30                                        |
| Phone:                                             | 716.332.0372                                     |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Syracuse Office Environments                     |
| Address:                                           | 375 Erie Blvd. West Syracuse NY                  |
| Federal ID #:                                      | 15-0510033                                       |
| NYS Vendor ID #:                                   | 1000007334                                       |
| Contact Name:                                      | Jeff Ecker                                       |
| Title:                                             | Office Manager                                   |
| Email:                                             | jecker@soesyr.com                                |
| Hours of Availability:                             | 9-5                                              |
| Phone:                                             | 315-476-9091                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Buffalo Office Interiors Inc.                    |
| Address:                                           | 1418 Niagara Street Buffalo NY                   |
| Federal ID #:                                      | 16-1169014                                       |
| NYS Vendor ID #:                                   | 1000015490                                       |
| Contact Name:                                      | Michael Cuviello                                 |
| Title:                                             | General Manager                                  |
| Email:                                             | mcuviello@boisite.com                            |
| Hours of Availability:                             | 9-5                                              |
| Phone:                                             | 716.883.822                                      |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | EM&N Marketing Inc.                              |
| Address:                                           | 127 Main Street Geneseo NY 14454                 |
| Federal ID #:                                      | 16-1608114                                       |
| NYS Vendor ID #:                                   | 1100016792                                       |
| Contact Name:                                      | Marcia Podhorecki                                |
| Title:                                             | Owner/President                                  |
| Email:                                             | Marcia.podhorecki@ki.com                         |
| Hours of Availability:                             | 9-5                                              |
| Phone:                                             | 585-314-8482                                     |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐            |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Roberts Office Interiors Inc.                    |
| Address:                                           | 144 Hangar Road Rome NY 13441                    |
| Federal ID #:                                      | 16-1560364                                       |
| NYS Vendor ID #:                                   | 1000029484                                       |
| Contact Name:                                      | Jennifer Christmas                               |
| Title:                                             | Director of Sales                                |
| Email:                                             | jennifer@roiofficeinteriors.com                  |
| Hours of Availability:                             | 9-5                                              |
| Phone:                                             | 315-334-1388                                     |
| MWBE and/or SDVOB Certification:                   | ⋈ NYS Certified Women Owned □ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Sedgwick Business Interiors                      |
| Address:                                           | 176 Anderson Ave Rochester NY 14607              |
| Federal ID #:                                      | 16-1530910                                       |
| NYS Vendor ID #:                                   | 1000016189                                       |
| Contact Name:                                      | Levecca Love                                     |
| Title:                                             | Director of Finance                              |
| Email:                                             | llove@sedgwickbusiness.com                       |
| Hours of Availability:                             | 9-5                                              |
| Phone:                                             | 585-461-5070                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Company Name:                                      | Sedgwick Business Interiors                     |
| Address:                                           | 100 West Court Street                           |
| Federal ID #:                                      | 75-2987264                                      |
| NYS Vendor ID #:                                   | 1000009675                                      |
| Contact Name:                                      | Levecca Love                                    |
| Title:                                             | Director of Finance                             |
| Email:                                             | llove@sedgwickbusiness.com                      |
| Hours of Availability:                             | 9-5                                             |
| Phone:                                             | 585-461-5070                                    |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified     |
|                                                    | Minority Owned □ SDVOB                          |
| SBE:                                               | NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐           |
| Restrictions Applicable to this Reseller (if any): |                                                 |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Workplace Interiors LLC                          |
| Address:                                           | 400 Packetts Landing Fairport NY 14450           |
| Federal ID #:                                      | 47-3430292                                       |
| NYS Vendor ID #:                                   | 1100143379                                       |
| Contact Name:                                      | Scott MacCaull                                   |
| Title:                                             | President                                        |
| Email:                                             | smaccaull@workplaceint.com                       |
| Hours of Availability:                             | 8-5                                              |
| Phone:                                             | 585-425-7420                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐            |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | W.B. Mason Co. Inc.                              |
| Address:                                           | 2855 Broadway St. Buffalo NY 14227               |
| Federal ID #:                                      | 04-2455641                                       |
| NYS Vendor ID #:                                   | 1000011030                                       |
| Contact Name:                                      | Daniel Steinwachs                                |
| Title:                                             | Furniture Trainer                                |
| Email:                                             | Daniel.steinwachs@wbmason.com                    |
| Hours of Availability:                             | 8-5                                              |
| Phone:                                             | 888-926-2766                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☑Take orders ☑Ship Direct ☑ Receive Payment *    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | W.B. Mason Co. Inc.                              |
| Address:                                           | 45 Vantage Point Drive Rochester NY 14624        |
| Federal ID #:                                      | 04-2455641                                       |
| NYS Vendor ID #:                                   | 1000011030                                       |
| Contact Name:                                      | Marcin Dziubek                                   |
| Title:                                             | Branch Manager                                   |
| Email:                                             | Marcin.dziubek@wbmason.com                       |
| Hours of Availability:                             | 8-5                                              |
| Phone:                                             | 888-926-2766                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | The Prentice Group of NY D/B/A Prentice Office   |
|                                                    | Environments                                     |
| Address:                                           | 472 Franklin Street Buffalo NY 14202             |
| Federal ID #:                                      | 46-4007932                                       |
| NYS Vendor ID #:                                   | 1100111873                                       |
| Contact Name:                                      | Jackie Flynn                                     |
| Title:                                             | Director of Operations                           |
| Email:                                             | JLF@prentice.us                                  |
| Hours of Availability:                             | 7:30-4:30                                        |
| Phone:                                             | 716-884-8452                                     |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment *    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Company Name:                                      | Genesee Office Interiors                        |
| Address:                                           | 565 Blossom Road Suite H Rochester NY 14610     |
| Federal ID #:                                      | 16-1335890                                      |
| NYS Vendor ID #:                                   | 1100038101                                      |
| Contact Name:                                      | Marj Cunningham                                 |
| Title:                                             | President                                       |
| Email:                                             | goi@geneseeoffice.com                           |
| Hours of Availability:                             | 8-5                                             |
| Phone:                                             | 585-224-8280                                    |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified     |
|                                                    | Minority Owned □ SDVOB                          |
| SBE:                                               | NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): |                                                 |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Company Name:                                      | Mazany Contract Interiors                       |
| Address:                                           | 20 Carroll St Jamestown NY 14701                |
| Federal ID #:                                      | 16-1323994                                      |
| NYS Vendor ID #:                                   | 1100006924                                      |
| Contact Name:                                      | Ronald Mazany                                   |
| Title:                                             | President                                       |
| Email:                                             | rmazany@mazanyoffice.com                        |
| Hours of Availability:                             | 9-5                                             |
| Phone:                                             | 716-487-1617                                    |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified     |
|                                                    | Minority Owned □ SDVOB                          |
| SBE:                                               | NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): |                                                 |

| RESELLER INFORMATION                               |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Company Name:                                      | Cueva Contract Inc.                             |
| Address:                                           | 1641 East Genesee Street Syracuse NY 13210      |
| Federal ID #:                                      | 47-3870041                                      |
| NYS Vendor ID #:                                   | 1100152048                                      |
| Contact Name:                                      | Laura Cueva                                     |
| Title:                                             | President                                       |
| Email:                                             | Laura.cueva@iicontractfurniture.com             |
| Hours of Availability:                             | Monday – Saturday 7:00AM – 6:00PM               |
| Phone:                                             | 315-724-1985                                    |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned ☑ NYS Certified     |
|                                                    | Minority Owned □ SDVOB                          |
| SBE:                                               | NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): |                                                 |

| RESELLER INFORMATION                               |                                                           |
|----------------------------------------------------|-----------------------------------------------------------|
| Company Name:                                      | Alianza Services LLC                                      |
| Address:                                           | 74 N. Broadway 2 <sup>nd</sup> floor South Nyack NY 10960 |
| Federal ID #:                                      | 33-1140326                                                |
| NYS Vendor ID #:                                   | 1100044344                                                |
| Contact Name:                                      | Dawn Cannon                                               |
| Title:                                             | VP Sales                                                  |
| Email:                                             | dcannon@alianzacorp.com                                   |
| Hours of Availability:                             | M-F 9:00AM – 5:00PM                                       |
| Phone:                                             | 846-675-7337                                              |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☒ NYS Certified               |
|                                                    | Minority Owned □ SDVOB                                    |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified)          |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *           |
| Restrictions Applicable to this Reseller (if any): |                                                           |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | DeClercq Office Group LTD                        |
| Address:                                           | 1227 Whitney Avenue Hamden CT 06517              |
| Federal ID #:                                      | 06-1629804                                       |
| NYS Vendor ID #:                                   | 1100216304                                       |
| Contact Name:                                      | Jennifer Falcone                                 |
| Title:                                             | Accounting                                       |
| Email:                                             | jennifer@dog-office.com                          |
| Hours of Availability:                             | M-F 8:30AM – 5:00PM                              |
| Phone:                                             | 203-230-9144                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐            |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| Company Name:                                      | Intivity Inc.                                   |
| Address:                                           | 106 Despatch Dr East Rochester NY 14445         |
| Federal ID #:                                      | 16-1478699                                      |
| NYS Vendor ID #:                                   | 1000008256                                      |
| Contact Name:                                      | Fabricio S Morales                              |
| Title:                                             | President                                       |
| Email:                                             | fmorales@intivity.com                           |
| Hours of Availability:                             | 8:00 am – 5:00 pm                               |
| Phone:                                             | 585-673-2715                                    |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☒ NYS Certified     |
|                                                    | Minority Owned □ SDVOB                          |
| SBE:                                               | NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): |                                                 |

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | Tech Valley Office Interiors                         |
| Address:                                           | 30 Kraft Ave. Albany NY 12205                        |
| Federal ID #:                                      | 20-5132568                                           |
| NYS Vendor ID #:                                   | 1100003722                                           |
| Contact Name:                                      | Rod Dion                                             |
| Title:                                             | President                                            |
| Email:                                             | rdion@tvoinu2u.com                                   |
| Hours of Availability:                             | M-F 8-5                                              |
| Phone:                                             | 518-437-1089                                         |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | NYS Small Business Enterprise (self-identified)      |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders □Ship Direct □ Receive Payment *        |
| Restrictions Applicable to this Reseller (if any): |                                                      |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | MeTEOR Education LLC                                 |
| Address:                                           | 4348 Loveland Drive Liverpool NY 13090               |
| Federal ID #:                                      | 26-3476027                                           |
| NYS Vendor ID #:                                   | 1100081688                                           |
| Contact Name:                                      | Marty Groginski                                      |
| Title:                                             | Learning Environment Specialist                      |
| Email:                                             | mgroginski@meteoreducation.com                       |
| Hours of Availability:                             | M-F 8-5                                              |
| Phone:                                             | 800-699-7546                                         |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | □NYS Small Business Enterprise (self-identified)     |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment *        |
| Restrictions Applicable to this Reseller (if any): |                                                      |

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | Grassroots Contract Interiors                        |
| Address:                                           | 737 Main Street Suite175 Buffalo NY 14203            |
| Federal ID #:                                      | 45-2396499                                           |
| NYS Vendor ID #:                                   | 1110056068                                           |
| Contact Name:                                      | Katherine Gunsolus                                   |
| Title:                                             | President                                            |
| Email:                                             | Katherine@gcibuffalo.com                             |
| Hours of Availability:                             | M-F 9-5                                              |
| Phone:                                             | 518-306-5256                                         |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified)     |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment *        |
| Restrictions Applicable to this Reseller (if any): |                                                      |

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | DAF Inc.                                             |
| Address:                                           | 6121 Jemola Runne Cicero NY 13039                    |
| Federal ID #:                                      | 34-2058675                                           |
| NYS Vendor ID #:                                   | 1100181640                                           |
| Contact Name:                                      | David Farabee                                        |
| Title:                                             | President                                            |
| Email:                                             | dfcbsmf@aol.com                                      |
| Hours of Availability:                             | M-F 8:30 - 5                                         |
| Phone:                                             | 315-699-7070                                         |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | NYS Small Business Enterprise (self-identified)      |
| Reseller is Authorized to: (check all that apply)  |                                                      |
| Restrictions Applicable to this Reseller (if any): |                                                      |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | Northeast Interior Systems                           |
| Address:                                           | 7701 Maltlage Drive Liverpool NY 13090               |
| Federal ID #:                                      | 14-1589950                                           |
| NYS Vendor ID #:                                   | 1100034941                                           |
| Contact Name:                                      | Sue Shultz                                           |
| Title:                                             | Territory Manager                                    |
| Email:                                             | sschultz@neis.cc                                     |
| Hours of Availability:                             | M-F 8:00 – 4:30                                      |
| Phone:                                             | 315-622-3121 ext. 300                                |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | □NYS Small Business Enterprise (self-identified)     |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders ⊠Ship Direct □ Receive Payment *        |
| Restrictions Applicable to this Reseller (if any): |                                                      |

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | Office Furniture Inc.                                |
| Address:                                           | 28 Garfield Street Newington CT 06111                |
| Federal ID #:                                      | 06-0843621                                           |
| NYS Vendor ID #:                                   | 1100195679                                           |
| Contact Name:                                      | Mehmet Bakkaloglu                                    |
| Title:                                             | CFO                                                  |
| Email:                                             | mbakkaloglu@myofi.com                                |
| Hours of Availability:                             | 8AM - 5PM                                            |
| Phone:                                             | 860-257-5327                                         |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | □NYS Small Business Enterprise (self-identified)     |
| Reseller is Authorized to: (check all that apply)  |                                                      |
| Restrictions Applicable to this Reseller (if any): |                                                      |

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | Workspace Consulting Group LLC                       |
| Address:                                           | 1 Landmark Square Stamford CT 06901                  |
| Federal ID #:                                      | 27-3088478                                           |
| NYS Vendor ID #:                                   | 1100131588                                           |
| Contact Name:                                      | Paulina Ribadeneyra                                  |
| Title:                                             | Owner                                                |
| Email:                                             | paulina@workspacecg.com                              |
| Hours of Availability:                             | 7AM – 6PM                                            |
| Phone:                                             | Office: 203-548-0305 Cell: 203-918-5111              |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned ☑ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | □NYS Small Business Enterprise (self-identified)     |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders □Ship Direct □ Receive Payment *        |
| Restrictions Applicable to this Reseller (if any): |                                                      |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Rulyn D. Graves                                  |
| Address:                                           | 103 Main Street Greenwich NY 12834               |
| Federal ID #:                                      | 20-3878543                                       |
| NYS Vendor ID #:                                   | 1100176036                                       |
| Contact Name:                                      | Rulyn D. Graves                                  |
| Title:                                             | Owner                                            |
| Email:                                             | rgraves@rulyn.com                                |
| Hours of Availability:                             | 9 to 5                                           |
| Phone:                                             | 518.692.9917                                     |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐            |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | MidCity Office                                   |
| Address:                                           | 2495 Main Street Buffalo NY 14214                |
| Federal ID #:                                      | 16-0972688                                       |
| NYS Vendor ID #:                                   | 1000015120                                       |
| Contact Name:                                      | Kurt Amico                                       |
| Title:                                             | President                                        |
| Email:                                             | kurt@midcityoffice.com                           |
| Hours of Availability:                             | 9-5                                              |
| Phone:                                             | 716-832-0138                                     |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment *    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | W.B. Mason Co. Inc.                              |
| Address:                                           | 1200 State Fair Blvd Syracuse NY 13209           |
| Federal ID #:                                      | 04-2455641                                       |
| NYS Vendor ID #:                                   | 1000011030                                       |
| Contact Name:                                      | Ross Langevin                                    |
| Title:                                             | Furniture Trainer                                |
| Email:                                             | Ross.langevin@wbmason.com                        |
| Hours of Availability:                             | 8-5                                              |
| Phone:                                             | 888-926-2766                                     |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment *    |
| Restrictions Applicable to this Reseller (if any): |                                                  |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| Company Name:Millington LockwoodAddress:3901 Genesee Street Buffalo NY 14225Federal ID #:16-0529380NYS Vendor ID #:1000007442Contact Name:Joe Conley | RESELLER INFORMATION                               |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| Federal ID #:       16-0529380         NYS Vendor ID #:       1000007442         Contact Name:       Joe Conley                                      | Company Name:                                      | Millington Lockwood                              |
| NYS Vendor ID #: 1000007442 Contact Name: Joe Conley                                                                                                 | Address:                                           | 3901 Genesee Street Buffalo NY 14225             |
| Contact Name: Joe Conley                                                                                                                             | Federal ID #:                                      | 16-0529380                                       |
|                                                                                                                                                      | NYS Vendor ID #:                                   | 1000007442                                       |
|                                                                                                                                                      | Contact Name:                                      | Joe Conley                                       |
| Title: CFO                                                                                                                                           | Title:                                             | CFO                                              |
| Email: jconley@millingtonlockwood.com                                                                                                                | Email:                                             | jconley@millingtonlockwood.com                   |
| Hours of Availability: 9-5                                                                                                                           | Hours of Availability:                             | 9-5                                              |
| Phone: 716-633-5600                                                                                                                                  | Phone:                                             | 716-633-5600                                     |
| MWBE and/or SDVOB Certification: ☐ NYS Certified Women Owned ☐ NYS Certified                                                                         | MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
| Minority Owned □ SDVOB                                                                                                                               |                                                    | Minority Owned □ SDVOB                           |
| SBE:   NYS Small Business Enterprise (self-identified)                                                                                               | SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)    Make orders   Ship Direct   Receive Payment *                                                   | Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any):                                                                                                   | Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| Company Name:                                      | Eaton Office Supply                              |
| Address:                                           | 180 John Glenn Drive Amherst NY 12556            |
| Federal ID #:                                      | 16-0417340                                       |
| NYS Vendor ID #:                                   | 1000007435                                       |
| Contact Name:                                      | Therese Smith                                    |
| Title:                                             | Interior Designer                                |
| Email:                                             | tsmith@eatonofficesupply.com                     |
| Hours of Availability:                             | 9-5                                              |
| Phone:                                             | 716-691-6100 ext. 367                            |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified      |
|                                                    | Minority Owned □ SDVOB                           |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *  |
| Restrictions Applicable to this Reseller (if any): |                                                  |

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | Image Office Environments LLC                        |
| Address:                                           | 1154 Route 22 West Mountainside NJ 07092             |
| Federal ID #:                                      | 20-3069688                                           |
| NYS Vendor ID #:                                   | 1100131590                                           |
| Contact Name:                                      | Patricia Patricco                                    |
| Title:                                             | President                                            |
| Email:                                             | tpatricco@image-office.com                           |
| Hours of Availability:                             | 9AM – 5PM                                            |
| Phone:                                             | 908-301-0074                                         |
| MWBE and/or SDVOB Certification:                   | ☑ NYS Certified Women Owned □ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | □NYS Small Business Enterprise (self-identified)     |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders □Ship Direct □ Receive Payment *        |
| Restrictions Applicable to this Reseller (if any): |                                                      |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | Telcar Certified LTD                                 |
| Address:                                           | 25 Andrea Road Holbrook NY 11741                     |
| Federal ID #:                                      | 20-1319657                                           |
| NYS Vendor ID #:                                   | 1100009876                                           |
| Contact Name:                                      | Diana Frerking                                       |
| Title:                                             | Manager Sales Administration                         |
| Email:                                             | 8AM-5PM                                              |
| Hours of Availability:                             | 651-563-9195                                         |
| Phone:                                             |                                                      |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | ⊠NYS Small Business Enterprise (self-identified)     |
| Reseller is Authorized to: (check all that apply)  | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment *        |
| Restrictions Applicable to this Reseller (if any): |                                                      |

| RESELLER INFORMATION                               |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Company Name:                                      | Henricksen & Company Inc.                            |
| Address:                                           | 1101 W. Thornedale Ave. Itasca IL 60143              |
| Federal ID #:                                      | 37-1711460                                           |
| NYS Vendor ID #:                                   | 1100113335                                           |
| Contact Name:                                      | Keith Cooper                                         |
| Title:                                             | Sales Director New York                              |
| Email:                                             | k.cooper@henricksen.com                              |
| Hours of Availability:                             | 8am-6pm                                              |
| Phone:                                             | 646-829-2147                                         |
| MWBE and/or SDVOB Certification:                   | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
|                                                    | Owned □ SDVOB                                        |
| SBE:                                               | □NYS Small Business Enterprise (self-identified)     |
| Reseller is Authorized to: (check all that apply)  | ☐ Take orders ☐ Ship Direct ☐ Receive Payment *      |
| Restrictions Applicable to this Reseller (if any): |                                                      |

<sup>\*</sup>If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID